24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
American College of Radiology Association PAC	C C00343459
	0 00010100
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee Mammen Group Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1901 L Street, N.W.	
Suite 650	Amount
City State Zip Code	62000.00
Washington DC 20036	Transaction ID : D160085 Date of Disbursement or Obligation
Purpose of Expenditure Radio Ad Category/ Type	07 28 7 2014
Name of Federal Candidate Support Office	Sought: House District:
Bruce Braley Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary
Full Name of Payee Mammen Group Inc.	Date of Public Distribution/Dissemination
Mailing Address 1901 L Street, N.W.	07 29 2014
Suite 650	Amount
City State Zip Code	42877.96
Washington DC 20036	Transaction ID : D160086 Date of Disbursement or Obligation
Purpose of Expenditure Printed advertising for mailing Category/ Type	07
	e Sought: House District:
Bruce Braley Oppose	President State: IA State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	104877.96
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	104877.96
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Richard Taxin MD [Electronically Filed] Date	7 29 2014
Signature	